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**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

Case No. 2:15-CV-03286 (VEB)

PEGGY ANN ADAMS,

Plaintiff,

vs.

CAROLYN W. COLVIN, Acting
Commissioner of Social Security,

Defendant.

DECISION AND ORDER

I. INTRODUCTION

In November of 2011, Plaintiff Peggy Ann Adams applied for Supplemental Security Income (“SSI”) benefits under the Social Security Act. The Commissioner of Social Security denied the application.

1 Plaintiff, by and through her attorneys, Disability Advocates Group, Michelle
2 J. Shvarts, Esq. of counsel, commenced this action seeking judicial review of the
3 Commissioner's denial of benefits pursuant to 42 U.S.C. §§ 405 (g) and 1383 (c)(3).

4 The parties consented to the jurisdiction of a United States Magistrate Judge.
5 (Docket No. 12, 13). On May 2, 2016, this case was referred to the undersigned
6 pursuant to General Order 05-07. (Docket No. 20).

7 8 **II. BACKGROUND**

9 Plaintiff applied for SSI benefits on November 28, 2011, alleging disability
10 beginning June 30, 2009, due to physical and mental impairments. (T at 19).¹ The
11 application was denied initially and on reconsideration. Plaintiff requested a hearing
12 before an Administrative Law Judge ("ALJ").

13 On November 26, 2013, a hearing was held before ALJ Joel Martinez. (T at
14 39). Plaintiff appeared with her attorney and testified. (T at 42-57). The ALJ also
15 received testimony from Jane Haile, a vocational expert (T at 58-61). In a written
16 decision dated December 24, 2013, the ALJ found that Plaintiff was not disabled and
17 denied the application for benefits. (T at 16-38). The ALJ's decision became the
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19 ¹ Citations to ("T") refer to the administrative record at Docket No. 17.

1 Commissioner's final decision on February 25, 2015, when the Appeals Council
2 denied Plaintiff's request for review. (T at 1-6).

3 On May 1, 2015, Plaintiff, acting by and through her counsel, filed this action
4 seeking judicial review of the Commissioner's denial of benefits. (Docket No. 1).
5 The Commissioner interposed an Answer on November 20, 2015. (Docket No. 16).
6 The parties filed an Amended Joint Stipulation on January 22, 2016. (Docket No.
7 19).

8 After reviewing the pleadings, Amended Joint Stipulation, and administrative
9 record, this Court finds that the Commissioner's decision must be affirmed and this
10 case be dismissed.

11 **III. DISCUSSION**

12 **A. Sequential Evaluation Process**

13 The Social Security Act ("the Act") defines disability as the "inability to
14 engage in any substantial gainful activity by reason of any medically determinable
15 physical or mental impairment which can be expected to result in death or which has
16 lasted or can be expected to last for a continuous period of not less than twelve
17 months." 42 U.S.C. §§ 423(d)(1)(A), 1382c(a)(3)(A). The Act also provides that a
18 claimant shall be determined to be under a disability only if any impairments are of
19 such severity that he or she is not only unable to do previous work but cannot,

1 considering his or her age, education and work experiences, engage in any other
2 substantial work which exists in the national economy. 42 U.S.C. §§ 423(d)(2)(A),
3 1382c(a)(3)(B). Thus, the definition of disability consists of both medical and
4 vocational components. *Edlund v. Massanari*, 253 F.3d 1152, 1156 (9th Cir. 2001).

5 The Commissioner has established a five-step sequential evaluation process
6 for determining whether a person is disabled. 20 C.F.R. §§ 404.1520, 416.920. Step
7 one determines if the person is engaged in substantial gainful activities. If so,
8 benefits are denied. 20 C.F.R. §§ 404.1520(a)(4)(i), 416.920(a)(4)(i). If not, the
9 decision maker proceeds to step two, which determines whether the claimant has a
10 medically severe impairment or combination of impairments. 20 C.F.R. §§
11 404.1520(a)(4)(ii), 416.920(a)(4)(ii).

12 If the claimant does not have a severe impairment or combination of
13 impairments, the disability claim is denied. If the impairment is severe, the
14 evaluation proceeds to the third step, which compares the claimant's impairment(s)
15 with a number of listed impairments acknowledged by the Commissioner to be so
16 severe as to preclude substantial gainful activity. 20 C.F.R. §§ 404.1520(a)(4)(iii),
17 416.920(a)(4)(iii); 20 C.F.R. § 404 Subpt. P App. 1. If the impairment meets or
18 equals one of the listed impairments, the claimant is conclusively presumed to be
19 disabled. If the impairment is not one conclusively presumed to be disabling, the

1 evaluation proceeds to the fourth step, which determines whether the impairment
2 prevents the claimant from performing work which was performed in the past. If the
3 claimant is able to perform previous work, he or she is deemed not disabled. 20
4 C.F.R. §§ 404.1520(a)(4)(iv), 416.920(a)(4)(iv). At this step, the claimant's residual
5 functional capacity (RFC) is considered. If the claimant cannot perform past relevant
6 work, the fifth and final step in the process determines whether he or she is able to
7 perform other work in the national economy in view of his or her residual functional
8 capacity, age, education, and past work experience. 20 C.F.R. §§ 404.1520(a)(4)(v),
9 416.920(a)(4)(v); *Bowen v. Yuckert*, 482 U.S. 137 (1987).

10 The initial burden of proof rests upon the claimant to establish a *prima facie*
11 case of entitlement to disability benefits. *Rhinehart v. Finch*, 438 F.2d 920, 921 (9th
12 Cir. 1971); *Meanel v. Apfel*, 172 F.3d 1111, 1113 (9th Cir. 1999). The initial burden
13 is met once the claimant establishes that a mental or physical impairment prevents
14 the performance of previous work. The burden then shifts, at step five, to the
15 Commissioner to show that (1) plaintiff can perform other substantial gainful
16 activity and (2) a "significant number of jobs exist in the national economy" that the
17 claimant can perform. *Kail v. Heckler*, 722 F.2d 1496, 1498 (9th Cir. 1984).

1 **B. Standard of Review**

2 Congress has provided a limited scope of judicial review of a Commissioner's
3 decision. 42 U.S.C. § 405(g). A Court must uphold a Commissioner's decision,
4 made through an ALJ, when the determination is not based on legal error and is
5 supported by substantial evidence. *See Jones v. Heckler*, 760 F.2d 993, 995 (9th Cir.
6 1985); *Tackett v. Apfel*, 180 F.3d 1094, 1097 (9th Cir. 1999).

7 "The [Commissioner's] determination that a plaintiff is not disabled will be
8 upheld if the findings of fact are supported by substantial evidence." *Delgado v.*
9 *Heckler*, 722 F.2d 570, 572 (9th Cir. 1983)(citing 42 U.S.C. § 405(g)). Substantial
10 evidence is more than a mere scintilla, *Sorenson v. Weinberger*, 514 F.2d 1112, 1119
11 n 10 (9th Cir. 1975), but less than a preponderance. *McAllister v. Sullivan*, 888 F.2d
12 599, 601-02 (9th Cir. 1989). Substantial evidence "means such evidence as a
13 reasonable mind might accept as adequate to support a conclusion." *Richardson v.*
14 *Perales*, 402 U.S. 389, 401 (1971)(citations omitted). "[S]uch inferences and
15 conclusions as the [Commissioner] may reasonably draw from the evidence" will
16 also be upheld. *Mark v. Celebreeze*, 348 F.2d 289, 293 (9th Cir. 1965). On review,
17 the Court considers the record as a whole, not just the evidence supporting the
18 decision of the Commissioner. *Weetman v. Sullivan*, 877 F.2d 20, 22 (9th Cir.
19 1989)(quoting *Kornock v. Harris*, 648 F.2d 525, 526 (9th Cir. 1980)).

1 It is the role of the Commissioner, not this Court, to resolve conflicts in
2 evidence. *Richardson*, 402 U.S. at 400. If evidence supports more than one rational
3 interpretation, the Court may not substitute its judgment for that of the
4 Commissioner. *Tackett*, 180 F.3d at 1097; *Allen v. Heckler*, 749 F.2d 577, 579 (9th
5 Cir. 1984). Nevertheless, a decision supported by substantial evidence will still be
6 set aside if the proper legal standards were not applied in weighing the evidence and
7 making the decision. *Browner v. Secretary of Health and Human Services*, 839 F.2d
8 432, 433 (9th Cir. 1987). Thus, if there is substantial evidence to support the
9 administrative findings, or if there is conflicting evidence that will support a finding
10 of either disability or non-disability, the finding of the Commissioner is conclusive.
11 *Sprague v. Bowen*, 812 F.2d 1226, 1229-30 (9th Cir. 1987).

12 **C. Commissioner's Decision**

13 The ALJ noted that Plaintiff had previously filed an application for SSI
14 benefits, which was denied in a decision rendered by ALJ Zane Lang on October 20,
15 2011. No appeal was taken from that decision, making ALJ Lang's findings final as
16 to that period of time. (T at 19).

17 The ALJ determined that Plaintiff had not engaged in substantial gainful
18 activity since November 28, 2011, the date of the application presently under
19 review. (T at 23). The ALJ found that Plaintiff's major depressive disorder,
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1 amphetamine abuse, degenerative disc and degenerative joint disease, with disc
2 protrusions and associated stenosis of the lumbosacral spine were “severe”
3 impairments under the Act. (Tr. 23).

4 However, the ALJ concluded that Plaintiff did not have an impairment or
5 combination of impairments that met or medically equaled one of the impairments
6 set forth in the Listings. (T at 24).

7 The ALJ determined that Plaintiff retained the residual functional capacity
8 (“RFC”) to lift/carry 20 pounds occasionally, 10 pounds frequently, stand/walk for 6
9 hours in a workday and sit for 6 hours in a workday. (T at 24). The ALJ found that
10 Plaintiff was limited to occasional postural activity and needed to avoid workplace
11 hazards. He determined that Plaintiff was limited to simple repetitive tasks, with no
12 public contact and only occasional contact with work peers. (T at 24).

13 The ALJ noted that Plaintiff had no past relevant work. (T at 30). Considering
14 Plaintiff’s age (49 years old on the application date), education (limited), work
15 experience (no past relevant work), and residual functional capacity, the ALJ found
16 that jobs exist in significant numbers in the national economy that Plaintiff can
17 perform. (T at 31).

18 Accordingly, the ALJ determined that Plaintiff was not disabled within the
19 meaning of the Social Security Act between November 28, 2011 (the application
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1 date) and December 24, 2013 (the date of the decision) and was therefore not
2 entitled to benefits. (T at 32). As noted above, the ALJ's decision became the
3 Commissioner's final decision when the Appeals Council denied Plaintiff's request
4 for review. (T at 1-6).

5 **D. Disputed Issue**

6 As set forth in the Amended Joint Stipulation (Docket No. 19, at p. 2),
7 Plaintiff offers a single argument in support of her claim that the Commissioner's
8 decision should be reversed. In sum, Plaintiff argues that the ALJ did not afford
9 appropriate weight to treating source opinions. This Court will review the treating
10 source opinions and then review the ALJ's consideration of those opinions.

12 **IV. ANALYSIS**

13 **A. Review of Treating Source Opinion Evidence**

14 In disability proceedings, a treating physician's opinion carries more weight
15 than an examining physician's opinion, and an examining physician's opinion is
16 given more weight than that of a non-examining physician. *Benecke v. Barnhart*,
17 379 F.3d 587, 592 (9th Cir. 2004); *Lester v. Chater*, 81 F.3d 821, 830 (9th Cir.
18 1995). If the treating or examining physician's opinions are not contradicted, they
19 can be rejected only with clear and convincing reasons. *Lester*, 81 F.3d at 830. If

1 contradicted, the opinion can only be rejected for “specific” and “legitimate” reasons
2 that are supported by substantial evidence in the record. *Andrews v. Shalala*, 53 F.3d
3 1035, 1043 (9th Cir. 1995).

4 The courts have recognized several types of evidence that may constitute a
5 specific, legitimate reason for discounting a treating or examining physician’s
6 medical opinion. For example, an opinion may be discounted if it is contradicted by
7 the medical evidence, inconsistent with a conservative treatment history, and/or is
8 based primarily upon the claimant’s subjective complaints, as opposed to clinical
9 findings and objective observations. *See Flaten v. Secretary of Health and Human*
10 *Servs.*, 44 F.3d 1453, 1463-64 (9th Cir. 1995).

11 An ALJ satisfies the “substantial evidence” requirement by “setting out a
12 detailed and thorough summary of the facts and conflicting clinical evidence, stating
13 his interpretation thereof, and making findings.” *Garrison v. Colvin*, 759 F.3d 995,
14 1012 (9th Cir. 2014)(quoting *Reddick v. Chater*, 157 F.3d 715, 725 (9th Cir. 1998)).
15 “The ALJ must do more than state conclusions. He must set forth his own
16 interpretations and explain why they, rather than the doctors’, are correct.” *Id.*

17 **1. Dr. Phyllis Cohen**

18 In May of 2013, Dr. Phyllis Cohen, Plaintiff’s treating family practice
19 physician, completed a Medical Source Statement of Ability to do Work Related

1 Activities (Physical) form. Dr. Cohen explained that she had seen Plaintiff every 3
2 months for a year. She diagnosed low back pain, short term memory loss,
3 hypertension, and depression. (T at 647). She opined that Plaintiff could sit for 30
4 minutes before needing to get up and stand for 15 minutes before needing to sit
5 down, walk around, etc. (T at 647). Overall, Dr. Cohen assessed that Plaintiff could
6 sit/stand/walk for less than 2 hours in an 8-hour workday, even with normal breaks.
7 (T at 648). She stated that Plaintiff would need to shift positions at will from sitting,
8 to standing, to walking and would need to take unscheduled 15 minute breaks every
9 hour. (T at 648).

10 Dr. Cohen opined that Plaintiff could occasionally lift/carry 10 pounds, but
11 rarely lift/carry more than that. (T at 648). She assessed that Plaintiff would likely
12 be “off task” and unable to perform even simple work tasks 25% or more of the day
13 and would likely miss more than 3 days of work per month due to her impairments
14 or treatment. (T at 649).

15 The ALJ discounted Dr. Cohen’s opinion. In particular, the ALJ found the
16 opinion unsupported by objective medical evidence or clinical findings and
17 contradicted by the treatment records. (T at 25-26).

1 **2. Ms. Carla Avalos**

2 In April of 2013, Carla Avalos, a psychiatric social worker, completed a
3 Medical Source Statement of Ability to do Work Related Activities (Mental) form.
4 She explained that Plaintiff would be unable to understand, remember, and carry out
5 short and simple instructions; maintain attention and concentration; or make simple
6 work-related decisions for 10% of an 8-hour workday. (T at 752). She opined that
7 Plaintiff could not complete a normal work day and work week or set realistic goals
8 more than 15% of the time. (T at 752-53). Ms. Avalos also assessed limitations with
9 regard to Plaintiff's social skills (including her ability to ask simple questions,
10 request assistance, and accept instructions and criticism from supervisors) and
11 adaptive skills (e.g. her ability to respond appropriately to changes in a work
12 setting). (T at 753).

13 Ms. Avalos opined that Plaintiff had no limitation as to daily living, but had
14 difficulties maintaining social functioning, concentration, persistence, and pace more
15 for 10% of an 8-hour work day. (T at 753). She assessed that Plaintiff would likely
16 be "off task" and unable to perform work tasks 25% or more of the day and would
17 likely miss more than 3 days of work per month due to her impairments or treatment.
18 (T at 754).

1 In August of 2013, Ms. Avalos provided a letter to Plaintiff's counsel,
2 wherein she noted that Plaintiff had been receiving treatment since January of 2012
3 for major depression and amphetamine dependence (in remission). Ms. Avalos
4 explained that Plaintiff's current symptoms "continue[d] to impair her ability to
5 sustain and maintain full-time employment and engage in social situations." (T at
6 736). The letter was co-signed by Dr. Karina Shulman, a psychiatrist. (T at 736).

7 In evaluating a claim, the ALJ must consider evidence from the claimant's
8 medical sources. 20 C.F.R. §§ 404.1512, 416.912. Medical sources are divided into
9 two categories: "acceptable" and "not acceptable." 20 C.F.R. § 404.1502.
10 Acceptable medical sources include licensed physicians and psychologists. 20
11 C.F.R. § 404.1502. Medical sources classified as "not acceptable" (also known as
12 "other sources") include nurse practitioners, therapists, licensed clinical social
13 workers, and chiropractors. SSR 06-03p. The opinion of an acceptable medical
14 source is given more weight than an "other source" opinion. 20 C.F.R. §§ 404.1527,
15 416.927. For example, evidence from "other sources" is not sufficient to establish a
16 medically determinable impairment. SSR 06-03p. However, "other source" opinions
17 must be evaluated on the basis of their qualifications, whether their opinions are
18 consistent with the record evidence, the evidence provided in support of their
19 opinions and whether the other source is "has a specialty or area of expertise related
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1 to the individual's impairment.” See SSR 06-03p, 20 CFR §§404.1513 (d), 416.913
2 (d). The ALJ must give “germane reasons” before discounting an “other source”
3 opinion. *Dodrill v. Shalala*, 12 F.3d 915, 919 (9th Cir. 1993).

4 Here, the ALJ discounted Ms. Avalaos’s April 2013 report, finding that the
5 social worker had failed to consider serious inconsistencies in the record, which
6 provided a basis for questioning the credibility of Plaintiff’s claims and presentation.
7 (T at 28). The ALJ also discounted the letter co-signed by Dr. Schulman, finding it
8 beyond the scope of the psychiatrist’s qualifications and insufficiently detailed. (T at
9 28-29).

10 **3. Paula Christianson**

11 In November of 2011, Paula Christianson, a treating nurse practitioner,
12 completed a functional capacity questionnaire. She diagnosed hypertension,
13 depression, cognitive deficits, and headaches. Ms. Christianson opined that Plaintiff
14 could sit/stand/walk with normal breaks for 3 hours in an 8-hour workday with
15 normal breaks; occasionally lift/carry less than 10 pounds, rarely lift/carry 10
16 pounds, and never lift/carry more than that. (T at 362). She reported that Plaintiff’s
17 pain would be severe enough to occasionally interfere with attention and
18 concentration needed to perform even simple work tasks. (T at 362). She opined
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1 that Plaintiff would likely miss about 4 days per month due to her impairments or
2 treatment. (T at 362).

3 Ms. Christianson's report was co-signed by a physician, whose name is not
4 legible (although it appears to be Dr. Cohen's signature). (T at 362). Although the
5 ALJ did not reference Ms. Christianson, he cited this report when discussing Dr.
6 Cohen's assessments (T at 28), which he discounted as discussed above.

7 **B. Review of ALJ's Assessment of Medical Opinion Evidence**

8 For the following reasons, this Court finds the ALJ's assessment of the
9 medical opinion evidence supported by substantial evidence. First, the ALJ acted
10 within his discretion in finding that Dr. Cohen's very restrictive assessments were
11 contradicted by the conservative treatment history. For example, Dr. Cohen only
12 saw Plaintiff quarterly, treated her symptoms with medication, and did not refer
13 Plaintiff to an orthopedist or recommend additional treatment such as epidural
14 injections or physical therapy. (T at 25-26). The fact that a claimant receives only
15 conservative treatment is a specific and legitimate reason to reject an opinion that the
16 impairment is disabling. *See Johnson v. Shalala*, 60 F.3d 1428,1434 (9th Cir. 1995).

17 Second, Dr. Cohen's assessments were not supported by detailed clinical
18 findings. Although Dr. Cohen cited a 2010 brain MRI in support of her findings, the
19 ALJ noted that those results were characterized as "questionable" and other brain

1 imaging studies were found to be “unremarkable.” (T at 25). The ALJ also cited an
2 October 2012 MRI of the spine, which found generally mild results, with no
3 evidence of spinal stenosis or nerve root compression. (T at 25, 543). The ALJ is
4 not obliged to accept a treating source opinion that is “brief, conclusory and
5 inadequately supported by clinical findings.” *Lingenfelter v. Astrue*, 504 F.3d 1028,
6 1044-45 (9th Cir. 2007) (citing *Thomas v. Barnhart*, 278 F.3d 947, 957 (9th Cir.
7 2002)).

8 As to the opinions of Ms. Avalaos and Dr. Schulman with respect to
9 Plaintiff’s mental health impairments, this Court likewise finds substantial evidence
10 supporting the ALJ’s consideration. The ALJ discounted Plaintiff’s credibility
11 significantly, noting Plaintiff’s conviction for identity theft (a crime of moral
12 turpitude), failure to provide an honest accounting of her substance abuse history,
13 and reports of symptom magnification. (T at 29). *See Verduzco v. Apfel*, 188 F.3d
14 1087, 1090 (9th Cir. 1999)(Dishonesty regarding drug use may be used to discount a
15 claimant’s credibility); *see also Fair v. Bowen*, 885 F.2d 597, 604 n. 5 (9th Cir.
16 1989)(noting that ALJ may rely on “ordinary techniques of credibility evaluation”
17 and discount a claimant’s credibility if he or she “has made prior statements
18 inconsistent” with subjective complaints or “is found to have been less than candid
19 in other aspects of his [or her] testimony”).

1 Plaintiff does not challenge the ALJ's credibility determination. Thus, the
2 ALJ could reasonably discount the opinions of the mental health professionals,
3 which were based in large part on Plaintiff's subjective complaints and reports. *See*
4 *Flaten v. Secretary of Health and Human Servs.*, 44 F.3d 1453, 1463-64 (9th Cir.
5 1995).

6 The ALJ's decision to discount the assessments of Ms. Avalaos and Dr.
7 Schulman was also supported by the findings of two consultative examiners. In
8 March of 2012, Dr. Bahareh Talei, a clinical psychologist, completed a consultative
9 psychiatric examination. Dr. Talei assigned a Global Assessment of Functioning
10 ("GAF") score² of 60 (T at 441), which is indicative of moderate symptoms or
11 difficulty in social, occupational or educational functioning. *Metcalfe v. Astrue*, No.
12 EDCV 07-1039, 2008 US. Dist. LEXIS 83095, at *9 (Cal. CD Sep't 29, 2008). Dr.
13 Talei opined that Plaintiff could understand, remember and carry out short,
14 simplistic instructions without difficulty and make simplistic work-related decisions
15 without special supervision. (T at 441). He assessed a moderate inability to interact
16 appropriately with supervisors, co-workers, and peers on a consistent basis. (T at
17 441).

18 ² "A GAF score is a rough estimate of an individual's psychological, social, and occupational
19 functioning used to reflect the individual's need for treatment." *Vargas v. Lambert*, 159 F.3d 1161,
20 1164 n.2 (9th Cir. 1998).

1 Dr. Rosa Colanna, a clinical psychologist, performed a consultative
2 psychiatric examination in January of 2013. Dr. Colanna assigned a GAF score of
3 59, which indicates moderate symptoms. She opined that Plaintiff could understand,
4 remember, and carry out short, simplistic instructions without difficulty and had a
5 mild inability to understand, remember, and carry out detailed instructions. Dr.
6 Colanna believed Plaintiff could make simplistic work-related decisions without
7 special supervision, but would have a mild inability to interact appropriately with
8 supervisors, co-workers, and peers. (T at 518).

9 The ALJ incorporated the limitations assessed by these examiners in the RFC
10 determination by limiting Plaintiff to simple repetitive tasks with no public contact
11 and only occasional contact with work peers. (T at 24).

12 The ALJ's findings were also supported by the conclusions of two State
13 Agency review consultants, who opined that Plaintiff had some impairment with
14 regard to social functioning, but remained capable of performing simple repetitive
15 tasks. (T at 27, 460-62, 520-23). "The opinions of non-treating or non-examining
16 physicians may also serve as substantial evidence when the opinions are consistent
17 with independent clinical findings or other evidence in the record." *Thomas v.*
18 *Barnhart*, 278 F.3d 947, 957 (9th Cir. 2002); *see also* 20 CFR § 404.1527
19 (f)(2)(i)("State agency medical and psychological consultants and other program
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1 physicians, psychologists, and other medical specialists are highly qualified
2 physicians, psychologists, and other medical specialists who are also experts in
3 Social Security disability evaluation.”).

4 In sum, although treating providers’ opinions are entitled to deference, the
5 ALJ may reject such opinions where, as here, the ALJ provided a detailed a
6 thorough summary of the record, including conflicting medical opinions, and
7 interpreted the evidence in a manner that a “reasonable mind might accept as
8 adequate to support a conclusion.” *Richardson*, 402 U.S. at 401 (1971).

9 Plaintiff argues that the ALJ should have weighed the evidence differently and
10 resolved the conflict in favor of the treating providers’ opinions. However, it is the
11 role of the Commissioner, not this Court, to resolve conflicts in evidence.
12 *Magallanes v. Bowen*, 881 F.2d 747, 751 (9th Cir. 1989); *Richardson*, 402 U.S. at
13 400. If the evidence supports more than one rational interpretation, this Court may
14 not substitute its judgment for that of the Commissioner. *Allen v. Heckler*, 749 F.2d
15 577, 579 (9th 1984). If there is substantial evidence to support the administrative
16 findings, or if there is conflicting evidence that will support a finding of either
17 disability or nondisability, the Commissioner’s finding is conclusive. *Sprague v.*
18 *Bowen*, 812 F.2d 1226, 1229-30 (9th Cir. 1987). Here, the ALJ’s decision was
19 supported by substantial evidence and must therefore be sustained. *See Tackett v.*

1 *Apfel*, 180 F.3d 1094, 1098 (9th Cir. 1999)(holding that if evidence reasonably
2 supports the Commissioner's decision, the reviewing court must uphold the decision
3 and may not substitute its own judgment).

4 5 **V. CONCLUSION**

6 After carefully reviewing the administrative record, this Court finds
7 substantial evidence supports the Commissioner's decision, including the objective
8 medical evidence and supported medical opinions. It is clear that the ALJ thoroughly
9 examined the record, afforded appropriate weight to the medical evidence, including
10 the assessments of the treating and examining medical providers and medical
11 experts, and afforded the subjective claims of symptoms and limitations an
12 appropriate weight when rendering a decision that Plaintiff is not disabled. This
13 Court finds no reversible error and because substantial evidence supports the
14 Commissioner's decision, the Commissioner is GRANTED summary judgment and
15 that Plaintiff's motion for judgment summary judgment is DENIED.

VI. ORDERS

IT IS THEREFORE ORDERED that:

Judgment be entered AFFIRMING the Commissioner's decision and DISMISSING this action, and it is further ORDERED that

The Clerk of the Court file this Decision and Order and serve copies upon counsel for the parties.

DATED this 28th day of June, 2016.

/s/Victor E. Bianchini
VICTOR E. BIANCHINI
UNITED STATES MAGISTRATE JUDGE